

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

277
5949
43
FILED JUL 19 1962VS 300
Rev. 4/59

1 0820

2 0821

3

4 0

5 2

6

7 0

8 2

9 420.1

10

11

12 91-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Bowling Green

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

3 mi. west, RFD # 1

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pike

c. CITY

OR TOWN

Bowling Green

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Mae Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

CAROL

Middle

DECK

Last

ABBOTT

4. DATE OF DEATH

Month

Day

Year

July

8

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-24-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR INDUSTRY

Resturant

11. BIRTHPLACE (City and state or country)

Pike County, Mo.

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Jessie Abbott

13b. MOTHER'S MAIDEN NAME

Bettie Hagood

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mildred Grote, Bowling Green, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY - THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

PROGRESSIVE STENOSIS OF CORONARY ARTERIAL LUMEN

APPROX. 5 YEARS

DUE TO (c)

PROGRESSIVE HYPERTROPHY & CORONARY ARTERIOSCLEROSIS

APPROX. 5 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CHRONIC MYOCARDIAL DEGENERATION WITH CARDIAC ARRYTHMIA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

- ILLNESS

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

- IMMEDIATE DEATH 5:15 P.M. (EST) 7/8/1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

AN ILLNESS

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

R.F.D. 1, Bowling Green, Missouri

21. I attended the deceased from

APRIL 19 1958

to 7/6/1962

and last saw him alive on 7/6/1962 (3:15 AM) D.S.T.

Death occurred at

5:15 (P.S.T) 7/8/1962 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ralph H. Hayden S.O.

22b. ADDRESS

519 W. Main St. Bowling Green, Mo.

22c. DATE SIGNED

7/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 11-62

23c. NAME OF CEMETERY OR CREMATORY

Indian Creek Cemetery

23d. LOCATION (City, town, or county) (State)

Louisville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

J.O. Mudd

Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

July 11, 1962

26. REGISTRAR'S SIGNATURE

Maude E. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Burial permit issued
July 16, 1962

Maurice C. Williams
Local registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James C. Mudd

Licensed Embalmer No. 4152

P. O. Address

Baumling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.